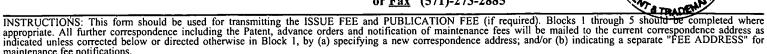
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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						Certificate of Mailing or Transmission  I have be partificated this Eas(a) Transmitted is being deposited with the United			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
10/733,395 12/12/2003			Hajime Washio	1035-484 9130					
TITLE OF INVENTION: DISPLAY DEVICE 47/14/2008 AWONDAF2 00000001 107333395									
				01 FC:1 02 FC:1 03 <u>FC:</u> 8	504		1440.00 OP 300.00 OP 12 00 OD		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300	\$0		\$1740	08/20/2008		
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
SHERMAN, STEPHEN G		2629	345-100000						
CFR 1.363).	ence address or indication	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIG	ONEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Sharp Kab	ushiki Kaisha	Osaka, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
Issue Fee			A check is enclosed.						
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	s SMALL ENTITY state		☐ b. Applicant is no						
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Authorized Signature				DateJ	July 1	11, 2008			
Typed or printed name Joseph A. Rhoa				Registration 1					
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